



# TULARE COUNTY RESOURCE MANAGEMENT AGENCY APPLICATION

## GENERAL INFORMATION / COVER SHEET

### EXTENSION OF TIME

#### General Information:

**Applicant** \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Property Owner (if different) \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Agent (if applicable) \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Site Address** \_\_\_\_\_

Physical Location of Site (cross streets & nearest community): \_\_\_\_\_

Assessor's Parcel No(s). \_\_\_\_\_

#### THIS SPACE FOR OFFICE USE ONLY

Application Received/Reviewed by: \_\_\_\_\_ Project Number(s) \_\_\_\_\_

Use Description \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Economic Development Project: \_\_\_\_\_

Land Use Designation: \_\_\_\_\_

Agricultural Preserve & Contract Nos. (if applicable) \_\_\_\_\_

Filing Fee(s): \_\_\_\_\_ Total Amount Paid: \_\_\_\_\_

Date Received: \_\_\_\_\_ Payment Type: \_\_\_\_\_

Receipt Number(s) \_\_\_\_\_ Existing Entitlements/References; \_\_\_\_\_

COUNTY HOURS: Monday-Thursday 7:30 a.m. to 5:30 p.m. – Friday 8:00 A.M. TO 12:00 P.M.

PERMIT CENTER HOURS: MONDAY-THURSDAY 9:00 A.M. TO 4:30 P.M.

## **EXTENSION OF TIME APPLICATION**

### **Requirements, Fees and Instructions** *(Please use dark blue or black ink)*

File the completed application, with all required attachments and fees, with the Tulare County Resource Management Agency, Permit Center, located at 5961 South Mooney Blvd, Visalia, CA 93277-9394. Please call the RMA Permit Center at 559/624-7100 with any questions.

The application must be complete in every respect with all questions answered and all requested information provided before the County can officially accept the application for processing. In the course of accepting and processing the application, the Permit Center Official or the Project Planner may request the applicant to clarify, amplify, correct or otherwise supplement the required information.

CHECK TYPE	TYPE OF EXTENSION	DECISION MAKING BODY	FEE (SUBJECT TO CHANGE AT ANY TIME)
	Special Use Permit	Planning Commission	\$370
	Tentative Parcel Map	Planning Commission	\$179
	Tentative Subdivision Map	Planning Commission	\$469
	Final Site Plan	Planning Commission	\$179
	Planned Unit Development	Planning Commission	\$370
	Surface Mining Permit	Planning Commission	\$400
<b>ADDITIONAL FEES DUE IF APPLICABLE</b>			
Computer Maintenance Fee			\$10.00

**NOTE: The applicant is responsible for the payment of all fees associated with this application.**

### **SUMMARY OF REQUIREMENTS FOR AN EXTENSION OF TIME**

1. Completed Application
2. Owner's Affidavit *(must be signed by the Property Owner(s))*
3. Filing Fee

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Complete explanation for time extension request: \_\_\_\_\_

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**OWNER'S AFFIDAVIT**  
*(Must be signed by property owner)*

STATE OF CALIFORNIA     )  
  SS.  
COUNTY OF TULARE )

I, (We,) the undersigned, say:

I (We) own property involved in this application and I (we) have completed this application and other documents and maps required hereby to the best of my (our) ability and the statements and information above referred to are, in all respects, true and correct to the best of my (our) knowledge and belief.

I (We) declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Optional – additional property owner*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If there is an agent, title company, or prospective buyer who desires notification of the Director's action on this application, please enter name here.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX No.: \_\_\_\_\_

In the case of applications which are subject to the authority of the Zoning Administrator, (see list of projects), the Zoning Ordinance provides that the applicant has the right to request that the Planning Commission hear the application rather than the Zoning Administrator. Please sign below if you wish to have your application heard by the Planning Commission. Note: An additional fee is required for the Planning Commission process.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_